

MAY 09 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: HOU

Attorney Docket No.: AUD1P004C1

Application No.: 09/858,299

Examiner: HARVEY, Dionne

Filed: May 15, 2001

Group: 2643

Title: NULL ADAPTATION IN MULTI-
MICROPHONE DIRECTIONAL SYSTEM

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being transmitted by facsimile to fax number 703-872-9506 to the U.S. Patent and Trademark Office on May 9, 2005.

Signed: _____

Agnes Spence

AMENDMENT B

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated February 9, 2005 please amend the above-identified patent application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 10 of this paper.

AUD1P004C1

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Title: NULL ADAPTATION IN MULTI-MICROPHONE DIRECTIONAL SYSTEM

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I hereby certify that this correspondence is being transmitted by facsimile to fax number 703-872-9306 to the U.S. Patent and Trademark Office on May 9, 2005.

Signed: _____

Agnes Spence

AMENDMENT TRANSMITTALMail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

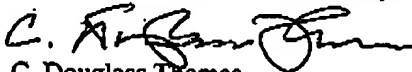
Sir:

Transmitted herewith is an Amendment in the above-identified application.

The fee has been calculated as shown below.

	Claims After Amendment		Highest Previously Paid For	Present Extra	Small Entity Rate Fee	Large Entity Rate Fee
Total Claims	35	MINUS	39	0	x 25 = 0	x 50 =
Independent Claims	7	MINUS	7	0	x 100 = 0	x 200 =
Multiple Dependent Claim Present and Fee Not Previously Paid					\$180.00	\$360.00
Total					\$0	\$

- ☐ Applicant(s) hereby petition for a _____ month extension(s) of time to respond to the aforementioned Office Action.
- ☒ Applicant(s) believe that no (additional) Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 500388.
- ☒ Enclosed is our Check No. _____ in the amount of \$_____ to cover the additional claim fee and/or extension of time fees.
- ☒ Please charge the required fees, or any additional fees required to facilitate filing the enclosed response, to Deposit Account No. 500388 (Order No. AUD1P004C1).

Respectfully submitted,
BEYER WEAVER & THOMAS, LLP

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